## DECLARATION AND POWER OF ATTORNEY AND APPOINTMENT OF DOMESTIC REPRESENTATIVE

As a below named inventor, I hereby declare that:

My residence, post office address and crtizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## INTEGRATED RENEWABLE ENERGY SYSTEM

the specification of which

|   | is attached hereto.    |                   |    |
|---|------------------------|-------------------|----|
| X | was filed on           | April 8, 2004     | as |
|   | Application Serial No. | PC1/GB2004/001561 |    |
|   | and was amended on     |                   |    |
|   | (if applicable)        |                   |    |

I hereby state that I have reviewed and understand the contents of the aboveidentified specification, including the claims, as amended by any amendment referred to above.

Lacknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Sections 1.56 and 1.63(d).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or (f), or 356(b) of any foreign application(s) for patent or inventor's certificate or plant breeders rights certificate(s), or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, or inventor's certificate, or plant breeder's rights certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s) |               |                        | Priority<br><u>Claimed</u> |  |
|------------------------------|---------------|------------------------|----------------------------|--|
| 0308729.3                    | Great Britain | 15 April 2003          | X                          |  |
| (Number)                     | (Country)     | (Day/Month/Year Filed) | Yes No                     |  |

 PCT/GB2004/001561
 PCT
 08 April 2004
 X

 (Number)
 (Country)
 (Day/Month/Year Filed)
 Yes No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 and 1.63(d) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| (Application Serial N                            | io.) (Filing Date)                             | (Status)<br>(Patented, pending,<br>abandoned) |
|--|--|---|
| Thereby claim the ber<br>Application(s) listed I | nefit under 35 U.S.C. §119(e) of any<br>below: | United States Provisional                     |
|  |  | Priority<br><u>Claimed</u>                    |
| (Number)   | (Day/Month/Year Filed)                         | Yes No  |

## **POWER OF ATTORNEY**

I hereby appoint all registered patent attorneys associated with Customer Number 35301 assigned to the firm of McCormick, Paulding & Huber LLP, CityPlace II, 185 Asylum Street, Hartford, Connecticut 06103-3402, telephone (860) 549-5290, as my attorneys to prosecute this application, to make alterations and amendments therein, to receive the patent and all correspondence relating to this application, and to transact all business in the U.S. Patent and Trademark Office connected therewith, and the said attorneys are hereby given full power of substitution and revocation.

## APPOINTMENT OF DOMESTIC REPRESENTATIVE

The above-identified attorneys, also known as McCORMICK, PAULDING & HUBER LLP, whose postal address is CityPlace II, 185 Asylum Street. Hartford, Connecticut 06103-3402. United States of America, are hereby designated applicant's representative upon whom notices or process in proceedings affecting the patent may be served. Said firm shall take instructions from my foreign patent agents in all matters affecting this application and the patent.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and

further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,

under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| John MCN                            | 211                |  |             |
|-------------------------------------|--------------------|--|-------------|
| Full name of sole or first inventor |                    | Full name of second inventor   |             |
| n                                   |                    |  |             |
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| 110                                 |                    |  | -7          |
| Inventor's Signature                |                    | Inventor's Signature   |             |
| 12/10/20                            |                    |  |             |
| 13/10/05                            | Great Britain      | * AND SO MAIN AND ADDRESS OF THE PARTY OF THE |             |
| Date '                              | Citizenship        | Date   | Citizenship |
| The Gallo                           | ps, Vigo Village   |  |             |
|                                     | Gravesend,         |  |             |
| •                                   | OSS, Great Britain |  |             |
| Residence Address                   |                    | Residence Address  |             |
| Same as ab                          | ove                |  |             |
| Post Office Address                 |                    | Post Office Address  |             |